Mirae Community Care Services Australia HQ

Performance Report

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**Commission ID:** 201321

**Provider name:** Stonebridge Global Consulting Pty Ltd

**Quality Audit date:** 8 September 2020 to 10 September 2020

**Date of Performance Report:** 12 November 2020

# Publication of report

This Performance Report **may be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Non-compliant** |
| Requirement 1(3)(a) | Non-compliant |
| Requirement 1(3)(b) | Non-compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Non-compliant |
| Requirement 1(3)(e) | Non-compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Non-compliant |
| Requirement 2(3)(c) | Non-compliant |
| Requirement 2(3)(d) | Non-compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) |  Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Non-compliant |
| Requirement 3(3)(d) | Non-compliant |
| Requirement 3(3)(e) | Non-compliant |
| Requirement 3(3)(f) | Non-compliant |
| Requirement 3(3)(g) | Non-compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Non-compliant |
| Requirement 4(3)(b) | Non-compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Non-compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Non-compliant |
| Requirement 4(3)(g) | Non-compliant |
| **Standard 6 Feedback and complaints** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Non-compliant |
| Requirement 6(3)(c) | Non-compliant |
| Requirement 6(3)(d) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Non-compliant |
| Requirement 7(3)(c) | Non-compliant |
| Requirement 7(3)(d) | Non-compliant |
| Requirement 7(3)(e) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Non-compliant |
| Requirement 8(3)(b) | Non-compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | Non-compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* The Assessment Team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment (Quality Review), observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* The provider’s response to the Quality Audit report, received 16 October 2020.

# STANDARD 1 NON-COMPLIANTConsumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of personal; choice, respect, dignity and privacy, interviewed staff, and reviewed a range of records.

Overall, consumers and representatives were satisfied consumers are treated with dignity and respect by staff and management. Most consumers interviewed said they felt supported to exercise choice and independence and their privacy is respected.

Consumers and representatives generally stated they are treated with dignity and respect by staff and management, however staff are not well supported by the service in understanding this requirement. Most consumers interviewed said they felt supported to exercise choice and independence and their privacy is respected. However, the service’s systems to support consumers with dignity and choice were not effective in providing information and feedback mechanisms for consumers to exercise choice.

All six specific requirements of this Standard were assessed and I have found that the approved provider is non-compliant with four of these six. A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Non-compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

The Assessment Team reported that overall consumers and representatives said consumers are treated with respect and kindness most of the time. However, a few consumers and representatives living in Victoria stated they were not pleased when they realised they had joined a service that was based in Sydney. A few of these consumers from Victoria were told that services were not available due to COVID-19.

In addition, the Assessment Team identified staff do not always understand the expectations outlined in this requirement and how they are applied in their work practices and through their engagement with consumers and representatives. Further to this, the Assessment Team identified care staff have a limited knowledge of the Quality Standards and some staff acknowledged that they have not read or understood them. Management advised that the service is paperless with all information for consumers, representatives and staff is provided via email. Only on rare occasions will information be printed or sent to consumers in hardcopy. I am concerned that this does not take into consideration frail, older consumers who are unable to access electronic records.

The approved provider, in their response, said consumers in Victoria have been kept informed of the service’s head office location (Sydney), and on the issues on any restrictions to services due to COVID-19. The approved provider responded that all staff have received a handbook and information regarding the Quality Standards and that the service’s continuous improvement plan identifies staff will receive future training and education in the Standards. While the Care coordinator and management staff spoke of how they monitor what is occurring in work practices, I do not consider that the service has effective systems to monitor this requirement.

Although I acknowledge the approved provider’s response, I have given weight to the consumer and staff feedback provided to the Assessment Team during the quality review. The approved provider was unable to demonstrate that planned education for staff had occurred.

I find that the approved provider is Non-compliant with this requirement.

### Requirement 1(3)(b) Non-compliant

*Care and services are culturally safe.*

The Assessment Team reported on entry to the service the consumer’s culture and their cultural needs are identified. The service has consumers from a range of cultures with different languages and spiritual needs. However, the Assessment Team reported this is not reflected in the information recorded in their care file, their care plan or tools supporting the delivery of care and services.

Consumers and representatives said they are not satisfied their cultural requirements are sufficiently considered by the service. For example, providing care workers who speak the preferred language of the consumer or who understand their specific cultural and religious needs. A Client (consumer) Information Handbook is sent via email to all consumers, however information is not provided in languages suited to the consumer.

Key management staff said they speak two languages relevant to consumers. In its response the approved provider said staff are matched to meet the cultural needs and personal beliefs of consumers. I acknowledge the service has demonstrated that a consumer with a specific cultural need regarding language was having this need met at the time of the quality review. However, I am not satisfied that the service has demonstrated it has a system in place which ensures this requirement is being consistently applied for all consumers in a way that meets their needs and preferences. This includes training for staff to ensure services and care are culturally safe.

I find that the approved provider is Non-compliant with this requirement.

### Requirement 1(3)(c) Compliant

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

The Assessment Team found that consumers and representatives interviewed generally felt they were supported to exercise choice and independence. Documentation such as care files showed where some representatives, carers and family are engaged with the consumer in supporting the delivery of services. Progress notes show the process following a review when a consumer requires a change to, or additional services.

I find that the approved provider is Compliant with this requirement.

### Requirement 1(3)(d) Non-compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

The Assessment Team said they conducted a thorough review of the service’s documentation storage systems (hard copy and electronic). They found overall consumers are not sufficiently supported to understand the benefits or possible harm in making decisions where risk may be involved. They also found the service is not consistently applying risk assessments for consumers when required and to support the delivery of their services. For example, for consumers with mobility issues with a risk of falls or who needed assistance with tasks such as shopping. Likewise, the Assessment Team reported the service was unable to provide evidence that ongoing risk is monitored, reviewed or assessed.

In its response the approved provider disputed these findings. It stated that all consumers have a risk assessment completed on commencement with the service, including for those individual consumers named in the quality review report. The approved provider acknowledged they were behind with some re-assessments due to COVID-19. They also believe some of the documentation supporting this would have been available to the Assessment Team during the quality review.

While I am persuaded the service has a process for risk assessments to be conducted when the consumer commences at the service, I am not persuaded this process consistently occurs, is ongoing or timely.

I find that the approved provider is Non-compliant with this requirement.

### Requirement 1(3)(e) Non-compliant

*Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.*

Consumers and their representatives informed the Assessment Team that overall, they are satisfied with the general information available to them, and that this information mostly supports the delivery of their care and services and that staff take time to explain matters to them.

However, a number of consumers said they are not getting current information around the availability of services to them (such as those living in Victoria), including not being updated on when services would be available again. A number of consumers also raised concerns that their monthly statements were not timely, accurate or clear and easy to understand, in particular regarding the spent and unspent funds in their package. In addition, the Assessment Team indicated it did not see signed agreements (between the consumer and the service) outlining the services being delivered.

In their response the approved provider stated consumers do receive care plans, agreements (which are signed) and include, an outline of services and a signed Charter of Care Rights, and that regular monthly invoices are sent out. It is able to clarify information in the invoices for consumers who request this and stated that the delay in consumers and representatives receiving hard copy of their agreements and care plans is due to postal issues due to COVID-19.

I acknowledge that the approved provider believed this information was available to the Assessment Team during the quality review, however I am not satisfied the service was able to demonstrate these systems were in place and effective. For example, the Assessment Team said the agreements and Aged Care Rights documents they sighted on file were unsigned. In addition, the approved provider did not provide documentary evidence to support their response. I have also taken into account the information provided by consumers and representatives in this requirement.

I find that the approved provider is Non-compliant with this requirement.

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

I have reviewed the information submitted by the Assessment Team and find that the approved provider is Compliant with this requirement.

# STANDARD 2 NON-COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the requirements under this Standard, interviewed staff, and reviewed a range of records.

Although in general, consumers and representatives stated they were satisfied the care provided is safe and effective, the Assessment Team identified a range of deficiencies across this Standard.

This included that care planning documentation does not always contain sufficient information to support the care workers in providing care and services to consumers. For example, they reported consumer goals are often generic and do not support care staff in understanding individual consumer needs and preferences.

Care plans were not consistently updated when there were changes in an individual consumer’s circumstances. Although staff said that care plan assessments and reviews are regularly undertaken, this was not evident in the documentation reviewed.

Not all consumers have the capability to access their electronic care plans online and the service said they only provide a hard copy care plan if the consumer requests this. Consumers informed the Assessment Team they were unaware this was the procedure followed.

All five specific requirements of this Standard were assessed and I have found that the approved provider is non-compliant with all five of these. A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Non-compliant

*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

The Assessment Team found there was an absence of strategies/interventions in care plans sufficient to address the needs of consumers. For example, those identified as being at risk of ‘falling’. Several consumers/representatives interviewed identified they had a fear of falling while at home or in their community.

The review of records for consumers with Level 3 and 4 home care packages (HCPs) showed many were at significant risk of falling. Care plans did not show this risk had been assessed or was being effectively reviewed or managed.

One consumer required regular assistance through the use of hoist equipment. The Assessment Team reported this was not assessed in their care plan to identify number of staff required to carry this out safely.

Management advised the Assessment Team that all assessments for new consumers are done by phone (due to COVID-19). Some local assessments are done face to face. However, risk assessments were not consistently recorded or kept in care files or other appropriate documentation systems. In their response the approved provider wrote they are now applying a falls risk assessment tool (FRAT).

Based on the information provided I find that systems for assessing and planning, including consideration of risk, is not assisting staff with the delivery of safe and effective services.

I find that the approved provider is Non-compliant with this requirement.

### Requirement 2(3)(b) Non-compliant

*Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.*

The Assessment Team found care plans do not reflect consumers’ goals, preferences and outline of service delivery. For example, they did not see documentation about advance care planning and/or end of life planning or evidence to show such planning is discussed with consumers.

They reported care plans do not provide updated instruction for care staff or reflect clinical oversight of existing medical conditions, such as pain management and nutrition/hydration assessments for consumers receiving chemotherapy or palliative care. These assessments were said by clinical staff to have occurred but were not attached to the electronic consumer files, therefore are not used to up-date care plans to reflect current needs, goals and preferences.

The approved provider in their response said all consumers are asked when coming into the service about end of life planning through an assessment tool used for this purpose. However, they also wrote that not all consumers want to discuss this at an initial meeting. However, they did not provide any further information to show when and how this was re-assessed or followed up.

I find that the approved provider is Non-compliant with this requirement.

### Requirement 2(3)(c) Non-compliant

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

The Assessment Team reported the service has various systems where information is collected. As a consequence, information in care plans is brief and does not appear to provide care staff with the information required to conduct their care and services. In particular, when working with new consumers. Care plans were not consistently updated as new information became available or to document or capture periods of hospitalisation, requirements for review, or recommendations for other allied health services.

One support worker interviewed said they do not have information regarding their consumer’s care plan and the support worker just follows the consumer’s instructions on what to do on the day.

Th Assessment Team further reported that a representative said they contacted the service asking for the provision of care staff that are able to speak the consumer’s language of choice, and that management advised currently they do not have any care staff fluent in this language. No further action was taken on this matter.

In their response the approved provider identified the consumer who required a care worker fluent in their chosen language did have this service available to them. The approved provider acknowledged care staff providing domestic duties do not get a care plan as they are advised what their general duties are. They believe this allows the consumer to be involved in the process of delivery of services. The approved provider said they gather information, such as notes, recommendations and referrals sufficient to review and update care plans. They also identified most of their consumers have not been in their service longer than three months.

I acknowledge the approved provider’s response but find they have not demonstrated that there is a consistently applied process of assessment and planning or review. Nor have they demonstrated how information from other organisations, allied health services or individuals involved in the care of the consumer is used to inform and up-date care plans.

I find that the approved provider is Non-compliant with this requirement.

### Requirement 2(3)(d) Non-compliant

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

The Assessment Team reported a number of consumers were unable to describe what is in their current care plan or what services they are receiving. However, they said they wanted to have access to and be provided this information. They said they would like to have a care plan at home which is written in a way they can read and understand. The Assessment Team discussed this with management who advised they already send consumers their care plans electronically. Consumers identified an electronic care plan was not their preferred option. The Assessment Team found care plans contain limited information and do not include outcomes of assessments and/or planning.

The Assessment Team found that although the service has ongoing monitoring systems to ensure consumers and representatives have access to care plans and service agreements; these had not been signed by the consumer or representative.

The approved provider in their response provided an example of a consumer representative engaging with the service in developing a care plan and signing an agreement. I have taken this into consideration but also that the Assessment Team were informed by consumer/representatives they would like a care plan at home and in a format they can read and understand. They also identified that many consumers were unable to describe what services they were receiving or what was in their current care plan. I am also taking into account that the care plans reviewed by the Assessment Team contained limited information.

I find that the approved provider is Non-compliant with this requirement.

### Requirement 2(3)(e) Non-compliant

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

The Assessment Team found consumers in Melbourne/Victoria were told they are not able to receive services due to COVID-19. This was discussed with management who advised these clients did not want to receive services until after the pandemic. However, consumers were unaware of this decision and some were waiting to be contacted by the service as to when their services will be commenced or re-commenced. The Assessment Team also found that care plans contain minimal information and do not reflect the regular review of care and services, including when there has been an identified change in care needs.

The Assessment Team reviewed the records of a consumer on a level 3 package. Their care file stated they were due quarterly assessment on 14 August 2020. However, this has not occurred.

The approved provider in their response said they did keep consumers/ representatives in Victoria informed on the availability of services. They also said that the choice to discontinue services was mostly made by the consumers themselves or their representatives.

I have taken this response into consideration but I have given weight to the matters raised by consumers/representatives with the Assessment Team during the quality review. I am not persuaded there was sufficient information in the approved provider’s response to demonstrate they have a system in place to effectively review care and services when circumstances change.

I find that the approved provider is Non-compliant with this requirement.

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of delivery of care and services, interviewed staff, and reviewed a range of records.

The service was unable to demonstrate that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care that optimises their health and well-being.

The service could not demonstrate an effective risk management system for high needs consumers.

Although the service accesses external support services for consumer’s end of life needs; these services are not effectively documented including identifying, reviewing and updating strategies for how consumers can be supported at home.

All seven specific requirements of this Standard were assessed and I have found that the approved provider is non-compliant with all seven of these. A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Non-compliant

*Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:*

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being.*

The Assessment Team found the service was unable to demonstrate that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care. One representative told the Assessment Team that they had asked for their consumer to be provided with a care worker fluent in the consumer’s language. They said this was important to the consumer’s well-being but was not provided or followed up.

The Assessment Team reported they found an absence of detailed assessment and progress notes to identify consumer needs. Likewise, a lack of interventions in care plans to address consumer needs. Particularly for consumers with identified high care needs, for example, those at risk of falls and with dementia. The Assessment Team also reviewed incident forms and found these were not consistently completed, recorded or followed up. They identified the service has yet to implement a clinical governance framework.

The approved provider in their response said they have provided the consumer identified under this requirement with a care worker who speaks the consumer’s preferred language. They said this was in place at the time of the quality review. They also identified the representative spoken with on this matter is not the key representative for this consumer. They also said they have weekly clinical governance meetings.

I have given consideration to the approved provider’s response and acknowledge their submission that the consumer identified under this requirement has a care worker fluent in their preferred language. However, I am not satisfied the response has sufficiently addressed that consumers are getting safe and effective, best practice clinical care that is tailored to and meets their needs or that an effective clinical governance framework exists that supports the delivery of this requirement.

I find that the approved provider is Non-compliant with this requirement.

### Requirement 3(3)(b) Non-compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

The Assessment Team found the service was unable to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer. This included a lack of documentation and/or strategies in the care plan to address risks and accommodate consumer preferences. For example, for a consumer with loss of vision was identified to undertake potentially risky behaviours such as shopping, but this was not recorded in their care file and they have not been assessed for safety in their daily routines.

Two other consumers showed deterioration and the need for increased clinical care. the need. The Assessment Team reported that no risk assessments were seen to be in their clinical files.

In their response the approved provider said the consumer with impaired vision is not blind and is independent. The approved provider strongly refutes the absence of assessments and risk assessments for consumers with complex care needs.

I acknowledge the approved provider’s response but am persuaded by the information provided by the Assessment Team’s findings on this matter. In its response the approved provider did not include any copies of assessments and risk assessments to demonstrate these have been completed or are effective.

I find that the approved provider is Non-compliant with this requirement.

### Requirement 3(3)(c) Non-compliant

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

At the time of the visit the Assessment Team identified the service had three consumers nearing their end of life or who had recently required palliation services.

The service demonstrated it has access to palliation/end of life services. However, the Assessment Team identified a lack of documentation that clearly identified consumer needs and preferences; or clinical and other strategies/interventions to support consumers nearing the end of life.

The service's continuous improvement plan for July 2020 stated the service was to develop a monthly health check document on consumer health status. This was to be completed by care staff and returned to the endorsed enrolled nurse (EEN) at the service. However, the Assessment Team reported the service was unable to demonstrate this had happened or been adequately followed-up.

In their response the approved provider said end of life planning is part of the initial assessment of consumers coming into the service, but they are not always comfortable in completing this at this time. They believe the monthly health-check documentation is being completed and returned to the service’s EEN. They also believe there are specific goals in place for individual consumers.

I have considered all the information provided. I acknowledge the approved provider has indicated consumer health-check information is now being completed and forwarded to the services EEN for inclusion in care plans. However, I am satisfied this was not demonstrated to be occurring at the time of the quality review. I am not persuaded the approved provider has sufficiently addressed the issues raised by the Assessment Team under this requirement. In particular, identifying and recording end of life needs, goals and preferences for consumers.

I find that the approved provider is Non-compliant with this requirement.

### Requirement 3(3)(d) Non-compliant

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

The Assessment Team identified information in a care plan for a consumer with complex care needs was limited. For example, it was documented a consumer who has dementia also experiences visual and auditory hallucinations, wanders in the evening, has changes in appetite, has poor sleeping patterns and is at risk of falling and can be verbally aggressive. The Assessment Team reported this consumer’s care plan did not contain information regarding strategies that could be implemented to assist them with this complex range of conditions while living at home. The Assessment Team noted the service did not recognise or respond in a timely manner to changes and deterioration in a consumer’s mental health, cognitive and/or physical function.

The Assessment Team said they discussed with the care coordinators and the EEN, that the service was not engaging with appropriate services for the consumer described above. Management said they would contact an external service to assist them with supporting this consumer.

The approved provider said they work closely with consumers and representatives to meet their ongoing needs. They also stated all staff have access to a dementia app to support their understanding of dementia.

However, it is my view this does not address how this information is recorded in documentation to support the delivery of complex care or that at the time of this quality review, this consumer was not being adequately supported. Although the approved provider said they will provide training to staff on working with consumers with dementia in the future, they did not demonstrate that the dementia app used by staff is understood by them and effective in assisting them to currently work with consumers who have dementia.

I find that the approved provider is Non-compliant with this requirement.

### Requirement 3(3)(e) Non-compliant

*Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.*

The Assessment Team found information about the consumer’s condition, needs and preferences were generally not documented and communicated within the organisation, and with others where responsibility for care is shared. This includes information which would assist care coordinators in communicating with other relevant services.

They found consumers information was stored in a variety of locations but not consistently coordinated in the care plan or care file. Shared information and care arrangements with other practitioners such as allied health professionals, was seen to not be adequately documented in care plans, nor were actions or outcomes seen to be captured by for, example, progress notes.

The approved provider in their response wrote that all information about consumers is well documented and placed in consumer’s files, in progress notes and on the clinical governance register. Information is updated in a timely manner but may be dependent on administration staff work-load. Information is updated in the notes and care plans are updated upon reassessment or changes in health. All services are then updated with the support staff to reflect any changes.

I acknowledge the approved provider’s response and have taken it into consideration. However, I am mindful that during the quality review this was not demonstrated to be in place and effective in supporting the delivery of care and services. Therefore, I am not satisfied the service has systems in place which effectively communicate a consumer’s care and needs with others where responsibility for care is shared.

I find that the approved provider is Non-compliant with this requirement.

### Requirement 3(3)(f) Non-compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

The Assessment Team found for some of the consumers sampled, care planning documents did not show evidence of input from allied health professionals or referrals as needed. Referrals to and shared care arrangements with other practitioners such as allied health professionals were not adequately documented in care plans, and actions/outcomes were not adequately documented in progress notes. Management advised this process would be reviewed ensuring care plans are reviewed and updated.

The approved provider did not specifically respond to findings in this requirement.

I find that the approved provider is Non-compliant with this requirement.

### Requirement 3(3)(g) Non-compliant

*Minimisation of infection related risks through implementing:*

1. *standard and transmission based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

The Assessment Team identified issues in relation to the service’s preparedness to manage a potential COVID-19 outbreak. This included:

* The Assessment Team said the service was unable to provide them with a current, service specific, COVID-19 management plan. Management advised they are working on this.
* While infection prevention is a component of staff induction into the service, not all staff complete induction.
* Staff said that many consumers live alone and may, if infected by COVID-19 require hospitalisation. The service was unable to provide evidence of discussions with hospital services regarding how this might be coordinated or occur.
* Management advised the Assessment Team that services provided to consumers in Victoria have been “suspended” due to COVID-19. However, they did not demonstrate they have plans in place for prioritising consumers in need of care, or resuming delivery of services and supports other than to address this “when clear”.
* Management said staff had completed e-learning modules on COVID-19.

In response to these findings the approved provider said:

* The service does have a COVID-19 plan and that the Assessment Team did not request to see this plan.
* All staff are inducted and sign the employer handbook that they have read and agree to the terms and conditions of employment. All staff have had COVID-19 and infection control training and are well prepared for such an event.
* All staff are advised to wear a mask at all times during the service and to wash their hands regularly, especially after touching any main surfaces. They are also advised to wear gloves and sanitise frequently.
* The service uses a roster app, so management know which staff member is with what consumer at any time providing service. This serves as a contact should there be a COVID-19 case.
* All support staff are aware that personal protective equipment (PPE) is mandatory. While the service provide PPE to staff when they require it, most staff are also purchasing their own as required. The service currently have stock of gloves, masks and sanitiser on hand. This is kept in the office and replenished when stocks are low.
* Clients in Victoria opted to not have services during the lockdown. This was relayed to the service by the consumer or their representative. The service made sure that all consumers not receiving services had someone that can check on them and that they had sufficient access to meals and medical assistance if needed. All consumers had children that were looking in on them and or calling them frequently, all consumers and representatives had access to service staff numbers and were encouraged to call at any time and this did happen frequently,

I have considered the approved provider’s response and their outline of being COVID-19 prepared, including the steps taken in their COVID-19 preparedness plan. However, they did not provide a copy of this plan or evidential information to support the steps taken to address the issues raised such as, for example, demonstrating whether the COVID-19 training undertaken by staff has been assessed or reviewed to ensure it is effective and supports ongoing staff infection control practices.

I have also taken into account the findings of the Assessment Team that the service was unable to demonstrate that it had an effective COVID-19 preparedness plan in place during the quality review, such as an effective system to monitor and review its preparedness on an ongoing basis. For example, although staff are made aware that the use of PPE in their work-place is mandatory, the service does not have a system to ensure this is occurring. I find the approved provider has not demonstrated there is an effective COVID-19 plan and system in place to monitor and review these changes to show they are effective and where they may require adjustment or improvement.

I find that the approved provider is Non-compliant with this requirement.

# STANDARD 4 NON-COMPLIANTServices and support for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of staff supporting them with daily living, interviewed staff, and reviewed a range of records.

Most consumers and representatives said generally they are satisfied consumers get safe and effective services and supports for daily living. However, documentation relating to consumers goals and preferences did not include sufficient information for support workers to ensure they were providing services that would optimise consumer’s independence and quality of life in daily living.

All seven specific requirements of this Standard were assessed and I have found that the approved provider is non-compliant with five of these. A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Non-compliant

*Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.*

The Assessment Team found consumer care plans are documented in an electronic system and generally contain minimal information. Incidents were not leading to care plans being updated or providing staff with information regarding any strategies that may have been developed. For example, a consumer sustaining a fall did not result in identifying strategies to minimise this reoccurring. Another example was a consumer being found outside their home on a busy road without shoes. No interventions were identified or recorded in the care plan to keep this consumer safely living in their home.

The Assessment Team found consumers’ needs, and preferences are generally identical with their goal. For example, ‘I want to live a long and happy life’. They said this was discussed with the care coordinator and EEN regarding applying generic rather than individual consumer focused goals.

The Assessment Team also found the service could not demonstrate there was adequate assessment and planning with consumers. They found records did not show consistently; the ongoing assessment and management of consumers’ identified care needs. This included in timely referrals and documenting the outcomes of any interventions applied to assess whether they have been effective.

In response the approved provider said that all consumers are involved in the planning and assessments. The consumer tells the service what they want and how they want it. Referrals are made when needed and documented. Care plans are updated to include any major changes. All support workers involve the consumer with duties if they can do so. If they can’t the service allows them to advise the support worker what needs to be done and how they like it done. This, the approved provider stated, gives the consumer a sense of control.

Although I acknowledge the approved provider’s response, I am not persuaded this has addressed the issues raised by the Assessment Team. I am of the view the response does not sufficiently demonstrate how each consumer gets safe and effective services by setting individual, specific goals, or how this then supports a consumer’s daily living and meets their needs, goals and preferences or optimises their independence, health, well-being and quality of life.

I find that the approved provider is Non-compliant with this requirement.

### Requirement 4(3)(b) Non-compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

The Assessment Team found staff have not received training in managing consumers with dementia although many consumers were identified as having dementia. In one instance a consumer has complex emotional, spiritual and psychological needs. Their care plan was seen to be brief and not supporting assistance with this requirement’s aspects of daily living.

The approved provider and management said staff are provided with an electronic dementia app. However, it was unclear how the use of this is monitored to ensure staff understand its use and demonstrate how it assists and supports their work practices. Particularly in supporting individual consumer’s quality of life.

I have considered the information provided. I am not satisfied that the service was able to demonstrate it supports consumers in daily living with their emotional, spiritual and psychological well-being.

I find that the approved provider is Non-compliant with this requirement.

### Requirement 4(3)(c) Compliant

*Services and supports for daily living assist each consumer to:*

1. *participate in their community within and outside the organisation’s service environment; and*
2. *have social and personal relationships; and*
3. *do the things of interest to them.*

The Assessment Team found the service could demonstrate adequate assistance for consumers who wished to go outside and participate in their community and outside the service’s environment and do the things that are of interest to them. However, they found overall goals in consumer plans are generic and do not always reflect personal goals that would be important to them. However, I am mindful the Assessment Team did identify a number of personal goals for individual consumers to support them with the aspects under this requirement to support daily living.

Management advised services, enable consumers to actively participate in their community, encouraging them to do things which are of interest to them.

In their response the approved provider said consumer strategies for everyday living are in place. For example, one consumer had a personal goal to write a blog. This was also identified by the Assessment team for this consumer.

I have considered this information and consider that the approved provider was able to demonstrate compliance.

I find that the approved provider is Compliant with this requirement.

### Requirement 4(3)(d) Non-compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

The Assessment Team identified the service has systems to ensure the consumer’s condition, needs and preferences is communicated both within the organisation and with others where there is a shared care responsibility, but this was not seen to be consistently applied. The Assessment Team was able to identify the system used by the service to monitor effective communication between sub-contractors and head office. As noted previously, although the service has a risk assessment they can apply to identify any potential risk to a consumer, not all consumers have this risk assessment completed and stored in their care file.

The approved provider said in their response they do have a risk assessment tool that is applied at the commencement of service. However, they did not in their response provide documentation to show this was in place and consistently applied. They also said communication within the service and to other services sharing responsibility of care is through their rostering app, via email, via phone calls and recorded in etools. However, they did not provide documentation to support how this was occurring and whether it was being consistently applied.

I am of the view the service has not sufficiently demonstrated systems are in place and effective in communicating care and service information to other organisations where care and services may be shared.

I find that the approved provider is Non-compliant with this requirement.

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

The Assessment Team said management described how they refer consumers to other service providers. Including how the consumer is actively involved in the referral process and how consent is obtained.

The approved provider in their response provided an example of a consumer referred through to an occupational therapist and how the consumer directed this referral.

I accept that generally the service was able to demonstrate their process for referrals is occurring in relation to this particular requirement, such as in meeting the needs for daily living by referral to an occupational therapist.

I find that the approved provider is Compliant with this requirement.

### Requirement 4(3)(f) Non-compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

The Assessment Team reported there were eight consumers receiving food supplements and six or more consumers receiving assistance with meals from their home care package funding.

However, there is an absence of information in consumers’ care plans in relation to meal preparation and how support workers are assisting consumers with preparation of meals. The service is offering meals under HCP. The Assessment Team said the service was unaware that the purchase of food is an excluded item for home care package expenditure.

In their response the approved provider said the service is aware that the purchase of food is excluded from services provided under home care packages. They said they are brokering to a company to prepare food for the consumer. This is charged at 70% for the preparation of food and 30% paid by the consumer for the cost of the food content.

I am not satisfied this response has fully addressed the matters raised by the Assessment Team. In particular, where the service is currently providing food to consumers as a part of a home care package, or that there is a system in place to ensure its support staff are assisting consumers with preparation of meals, such as assessing consumer’s capabilities in terms of preparing meals or identifying their need for prepared meals and how this will be provided.

I find that the approved provider is Non-compliant with this requirement.

### Requirement 4(3)(g) Non-compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

The service was unable to demonstrate that where equipment is provided, it is safe, suitable, clean and well maintained.

The Assessment Team found the following issues:

* The service does not have a system for monitoring equipment used in the provision of home care service. Care plans reviewed generally did not identify equipment used by consumers or whether they were for hire or loan or whose responsibility it was to maintain such equipment.
* Environmental safety checks of consumer’s homes were included in care plans but not completed by staff. The checklist did not include the monitoring of equipment, its safety and cleanliness.
* Staff use private vehicles to transport consumers. However, the service does not have a system in place to monitor if staff vehicles have current vehicle registration and are comprehensively insured to ensure consumers are safe when being transported. They do monitor currency of licences.

In response the approved provider said:

* The service does not provide equipment. Any equipment required by the consumer is purchased and is new. It belongs to the consumer. If they require new equipment, they let us know or this is identified in a reassessment.
* The checklist is completed by staff and does include monitoring equipment safety and cleanliness.
* The service ensures that the vehicles are in good condition, registered and with full comprehensive insurance which the approved provider said is on file.

I acknowledge the approved provider’s response. I am mindful during the quality review, a register of vehicle registration and insurances was not made available to the Assessment Team, although they sighted licences.

However, the approved provider’s response has not adequately demonstrated there is a system in place for identifying and managing equipment used by consumers as part of their care and services. For example, one consumer was identified as requiring the use of a hoist for getting out of bed as part of their service delivery. The Assessment Team identified overall, it was not clear as to ownership of equipment or where equipment was being used who was responsible for its maintenance.

I find that the approved provider is Non-compliant with this requirement.

# STANDARD 6 NON-COMPLIANTFeedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

The Assessment Team provided information demonstrating the service has one avenue for raising complaints which is known by consumers and representatives, however consumers are not provided with sufficient information on how to access services such as interpreting and advocacy services to assist in raising complaints. Management was unable to demonstrate that it is open and supportive of consumers and representatives who are dissatisfied with the service.

Complaint documentation reviewed did not consistently include information on how concerns and complaints are addressed, actioned and monitored to ensure improved outcomes for consumers. Management was unable demonstrate that complaints are used to improve the quality of care and services.

All four specific requirements of this Standard were assessed and I have found that the approved provider is non-compliant with three of these. A decision of Non- compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

The Assessment Team provided information which demonstrates that generally consumers feel comfortable with providing feedback and making complaints to staff and the management team. Information on how to make complaints is contained in the documents provided electronically to consumers and their representatives. Although some concerns were raised regarding complaints, these are addressed further under requirement 6(3)(c) below.

I find that the approved provider is Compliant with this requirement.

### Requirement 6(3)(b) Non-compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

The Assessment Team identified evidence which indicated that the service could not demonstrate that it provides adequate information to consumers/representatives to access advocates. For example:

* The Home Care Agreement states “you may refer your complaint to any State or Territory advocacy service” however does not provide any further information regarding available advocacy or language services or how to access them.

Management stated that most consumers were English speaking or had relatives who could speak for them. However, management were unable to provide the Assessment Team with information regarding how many consumers had formal advocates. A consumer contact list was provided by the service which indicated that 15 consumers had representatives who would speak for them.

In their response the approved provider said information on the right to access advocacy is within the consumer handbook and all consumers representatives or advocates are documented in the appropriate consumer file.

I have considered the Assessment Team's report and the Approved Provider's response and I am of the view that the service was unable to adequately demonstrate during the quality review that it actively supports consumers to identify and access advocacy and interpreter services should these be required.

I find that the approved provider is Non-compliant with this requirement.

### Requirement 6(3)(c) Non-compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

The Assessment Team provided evidence that some consumers and representatives feel comfortable providing feedback verbally to staff or management. Other consumers provided examples of dissatisfaction and complaints regarding the initiation of services taking too long to set up. Consumers and representatives said they have not been provided a mechanism or feedback forms for them to provide feedback anonymously. The service could not demonstrate appropriate action in response to some complaints including follow-up to the concerns raised. Information regarding open disclosure has not been provided to consumers or representatives and training has not been provided to staff.

In their response the approved provider said some of the issues raised by consumers are due to issues with COVID-19. For example, delaying the implementation of services in Victoria. The approved provider indicated it had resolved issues raised by consumers and had kept them informed of the delays due to COVID-19. They believe the consumer’s handbook provides consumers with information on the complaint’s procedures available. They said they check in on consumers regularly.

I have considered the Assessment Team report and the approved provider’s response. I have given weight to the concerns raised by consumers and representatives concerning delays to services and their perception their concerns are not adequately addressed by the service.

I find that the approved provider is Non-compliant with this requirement.

### Requirement 6(3)(d) Non-compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

The Assessment Team provided evidence that the service does not have a feedback and complaints system which is utilised to improve the quality of care and services. For example, the service’s compliments, complaints and comments register is documented within a spreadsheet titled,” Clinical Governance Risk Register” and also referred to as a ‘client risk register”. It includes feedback from consumers and support workers regarding consumer day to day service issues.

Whilst the service uses this spreadsheet to record feedback, the Assessment Team said it could not demonstrate any auditing or trend analysis of data received, either at the service level or through senior management. In discussion management confirmed that feedback is not analysed or trended but that issues are resolved as they occur.

In their response the approved provider said that complaints are used as means of improvement. Although I have taken this into account I have also considered the Assessment Team findings and am of the view that the service was unable to demonstrate it analyses or trends complaints in order to improve the quality of care and/or services.

I find that the approved provider is Non-compliant with this requirement.

# STANDARD 7 NON-COMPLIANTHuman resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records.

The Assessment Team provided evidence that the service does not have sufficient staff who are skilled and trained to provide care and services to meet consumer needs and preferences.

While most consumers and representatives interviewed stated they are happy with the staff, saying staff are kind and respectful and some say they are generally happy with the care and services, examples were provided where the service is failing to meet the needs of consumers.

The service was unable to demonstrate it has an effective system in place or processes to ensure staff receive adequate induction and initial and ongoing training. The service was unable to demonstrate adequate supervision of staff in their work practices, staff appraisal or appropriate education and professional development.

All five specific requirements of this Standard were assessed and I have found that the approved provider is non-compliant with all five of these. A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Non-compliant

*The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*

The Assessment Team found the service could not demonstrate that its workforce is planned and enables the delivery and management of safe and quality care and services.

The Assessment Team reported they were advised by the service that it underwent a complete redesign of its business process and associated systems and organisational structures in late April 2020. As a consequence, a new consumer base was established, and new management and service staff employed.

Consumer feedback, staff interviews, and documents reviewed by the Assessment Team identified that this significant operational change has resulted in challenges in employing, retaining and training its workforce which has impacted on the delivery and management of safe and quality care and services. For example, they found the services continuous improvement plan identifies client dissatisfaction with not being notified of unattended services.

The approved provider, in their response said the service has always been able to fill services, and any impact on this has been due to COVID-19 restrictions. The approved provider believes regular communication with consumers and representatives about staff availability occurs and is documented and was shown to the Assessment Team during the quality review.

I have considered the Assessment Team's report and the approved provider's response. Although I acknowledge the approved providers response, I am not persuaded it has sufficiently addressed the issues raised by the Assessment Team. For exampIe, the Assessment Team identified the service’s own continuous improvement plan identified consumer dissatisfaction with unattended services. I find the service has not adequately demonstrated its workforce is planned and used to deliver consistent services or that the number and mix of staff results in the delivery and management of safe and quality care and services.

I find that the approved provider is Non-compliant with this requirement.

### Requirement 7(3)(b) Non-compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

The Assessment Team found most consumers and representatives interviewed stated that they are happy with staff. They said overall staff are kind and respectful. However, they also found the service could not demonstrate that the staffing model used effectively supports a culture of care and respect of each consumer’s identity, culture and diversity.

The Assessment Team reported care plans lacked information on how care and services were to be delivered. Staff were not always allocated to match consumers to ensure their culture and diversity is valued. The service has minimal systems in place to monitor staff performance and/or conduct staff appraisals for employed, subcontracted and/or brokered staff. Staff are not trained in and do not have access to policies and procedures regarding culturally safe care and services.

Management advised the Assessment Team that they contact consumers regularly to ask if they are satisfied with the care they are receiving, however these telephone contacts are often not documented. In their response the approved provider said they do match staff and consumers in line with the consumer’s cultural requirements.

* Although I acknowledge the service has demonstrated its staff are kind and caring, I am not persuaded that staff have sufficient education and training to deliver the requirements to meet each consumer’s cultural or need for diversity. In particular that staff have not received training in the Standards sufficient to ensure this is embedded in their work roles.

I find that the approved provider is Non-compliant with this requirement.

### Requirement 7(3)(c) Non-compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

The Assessment Team provided evidence that the service is unable to demonstrate processes for ensuring all staff have the qualifications and knowledge to effectively perform their roles. They reviewed a list of 35 staff, including 20 direct care staff and 15 contracted staff and provided a comprehensive breakdown of their findings.

They found that while some support workers have a certificate III or IV in individual support or aged care work or first aid training, several staff or contractors have no qualifications or access to training. Orientation is provided to all staff on employment however mandatory training is not part of the induction process. Most staff have not completed mandatory training in elder abuse, work health and safety or manual handling.

The Assessment Team reported the employee and contractor handbook includes some instructions to staff and contractors to attend manual handling training upon commencement of employment and yearly thereafter. But the Assessment Team were not provided documentation to show this is occurring and being reviewed.

The service has job descriptions for two positions, support staff and a care manager. Staff said they were not given job descriptions and job descriptions were not sighted in the staff files reviewed. Likewise, the Assessment Team reported, the service does not have documented core competencies/capabilities for different roles.

In response the approved provider said the service has a register to monitor staff qualifications, knowledge and training and this was shown to the Assessment Team. That all staff including subcontracted staff are required to have a minimum of Cert III except those providing domestic assistance. That all staff receive the same training and this is also accessible to all staff. The service has a training schedule that is met monthly and all staff are required to complete the training on this schedule. The approved provider said this schedule and its completion was provided to the Assessment Team.

I have carefully considered the information provided. I acknowledge the approved provider’s submission but I am not persuaded this on its own is sufficient to address the issues raised by the Assessment Team’s report. In particular, that it adequately demonstrates that the service’s workforce is competent and that members of the workforce have the qualifications and knowledge to effectively support them to perform their roles, or that the service has an effective system to record and monitor such information.

I find that the approved provider is Non-compliant with this requirement.

### Requirement 7(3)(d) Non-compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

The Assessment Team reported that the service was unable to demonstrate it had effective processes in place for the recruitment, training and equipping its staff to deliver the outcomes required under the Standards.

The Assessment Team reported they reviewed the service’s training schedule. They reported that staff had not received training in managing dementia, work, health and safety or elder abuse. The Assessment Team found the service does not have an effective auditing or reporting system to monitor staff training requirements. The service does not undertake a training needs analysis or ongoing performance appraisals to identify further training requirements.

Staff interviewed said they have received some training online in COVID-19 and manual handling training. Support workers said whilst they had completed some online training, they were not aware of how to access policies or procedures and did not have an understanding of the Quality Standards. Staff said they all received a copy of the employee and contractor handbook and they would refer to this for policies and procedures or the Quality Standards.

The Assessment Team reviewed the employee and contractor handbook which had some guidelines for staff to assist them in their roles such as code of conduct, behaviour and presentation, privacy and legislation however it does not include relevant policies and procedures for enabling staff to provide effective care and services to consumers. Management advised that staff are encouraged to look at policies and procedures on the service’s shared drives, however there is no system to ensure staff have read policies and procedures or other related information.

The Assessment Team reported the general manager had acknowledged that there were gaps in staff training and that they were trying to get all staff trained up with a health training refresher course. However, they said due to COVID-19, training centres have been closed for the past two months.

The approved provider said the service is actively recruiting and staff are supported to conduct their roles with training and education. This includes maintaining records of qualifications and ongoing education.

I have taken into account that the acknowledgement of gaps in training during the quality review and further training, including in the Quality Standards, was being pursued. However, I am not satisfied this has addressed the issues raised by the Assessment Team or demonstratedthat the services workforce is adequately trained, equipped and supported to deliver the meet the outcomes required by these standards.

I find that the approved provider is Non-compliant with this requirement.

### Requirement 7(3)(e) Non-compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

The Assessment Team provided evidence the service is unable to demonstrate adequate processes for ensuring that all staff have been sufficiently trained and equipped to deliver required outcomes. They found the service does not have a system in place to monitor and review the performance of each staff member.

The service was unable to demonstrate a system for staff performance appraisals undertaken or monitoring of performance appraisals. There are no audit mechanisms in place to monitor work output, compliance with policies and procedures or consumer outcomes.

Management advised the Assessment Team that the service’s human resources policy has not yet been implemented and a workforce plan is still to be developed. They also advised the Assessment Team that staff had not been employed long enough to have undertaken a performance appraisal and that they rely on consumer feedback on staff performance. Management advised that the service does not have sufficient management staff to address staff performance issues. None of the staff files reviewed included performance appraisal/review or any indication of when they are due.

The approved provider did not specifically respond to findings in this requirement.

I find that the approved provider is Non-compliant with this requirement.

# STANDARD 8 NON-COMPLIANTOrganisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

The organisation is unable to demonstrate is has systems and process in place to effectively manage safe quality care and services.

The service does not have effective governing body or organisation wide governance systems to promote a culture of safe, inclusive and quality care and services and to be accountable for their delivery. The services could not demonstrate that it has an understanding of the requirements under the Quality standards regarding corporate governance.

Consumers and representatives are mostly satisfied with the care and services they receive; however, they are not supported by the service with access to adequate feedback or information systems to enable them to engage in the development and delivery of their services.

The service could not demonstrate that it manages high impact and high prevalence risks effectively or that its clinical governance systems are in place.

All five specific requirements of this Standard were assessed and I have found that the approved provider is non-compliant with all five of these. A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Non-compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

The Assessment Team found consumers and representatives are not supported by the organisation to engage in the development and delivery of care and services. They found feedback mechanisms were generally applied inconsistently; information was not readily available and not in a form that suits all consumers. They reported there was a lack of understanding by both the management and staff regarding consumer engagement.

Although most consumers and representatives interviewed were happy with the care and services provided by support workers. However, some consumers/ representatives raised concerns indicating they are not supported by the service to be engaged in service delivery.

The approved provider in their response said they believe consumers are engaged and supported by the service in the development, delivery and evaluation of care and services.

I have considered the Assessment Team's report and the approved provider's response. I acknowledge the approved provider believes consumers are engaged in the development, delivery and evaluation of care and services. But I am of the view the service has not demonstrated how this is occurring, or how it is monitored and reviewed to ensure it is effective in the delivery of care and services.

I find that the approved provider is Non-compliant with this requirement.

### Requirement 8(3)(b) Non-compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

The Assessment Team identified through discussions with management and staff and documentation review that the organisation has ineffective governance mechanisms to ensure quality care and services are being delivered to consumers.

The general manager advised the Assessment Team that the organisation’s governing body is the Clinical and Corporate Governance Committee. However, the Assessment Team reported the make-up of this body was not seen to effectively support governance. That management have not implemented systems and processes to support a culture of safe, inclusive and quality care and services.

For example, the Assessment Team’s review of the governance committee meeting minutes found although “consumer issues” were reported on, agenda items relating to corporate governance matters showed limited or no discussion. There was no indication that the committee received documents/reports or discussed corporate governance matters.

The Assessment Team identified that members of the Clinical and Corporate Governance Committee have not received any corporate governance training. Also, that the general manager advised them the service does not have a strategic plan and was waiting for “things (COVID-19) to settle down” before forming a board who could meet regularly and make decisions.

The approved provider did not specifically provide a response to findings under this requirement but I acknowledge its response to other requirements which have relevance to this requirement.

I find that the approved provider is Non-compliant with this requirement.

### Requirement 8(3)(c) Non-compliant

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

The Assessment Team identified information in the following aspects of this requirement:

*Information systems*

* Staff have not been provided with training on etools (the service’s electronic data base system). Management advised that because of COVID-19, training has not yet taken place.
* The service’s general systems for recording information such as policies and procedures, feedback registers, risk registers and incident registers are fragmented and incomplete.
* Policies and procedures maintained in the service’s common drive are generic and have not been updated to reflect the services individual systems and processes. A list of policies all dated March 2019 has not been updated to reflect the changes in the organisation from April 2020. The policies and procedures register is not easily accessible to support staff. Individual managers maintain their own registers, such as for incident management, behaviour management, pain management, palliative care and restraint.
* The service does not have an effective system for archiving documents. Several documents are kept on the same drive without dates or a version control system.

*Financial governance*

* Issues were reported regarding the clarity and regularity of consumers invoicing records.

*Workforce governance, including the assignment of clear responsibilities and accountabilities*

* Refer to Standard 7.

*Regulatory compliance*

* The service has not implemented adequate monitoring systems to ensure compliance with the Quality Standards. Staff have not been trained in the Quality Standards.
* The service monitors staff police checks and visa checks for all staff and contractors, however it does not effectively or consistently monitor the currency of staff driver’s licences, vehicle registration or comprehensive insurances.
* The service does not have a system to monitor mandatory training and most staff have not completed elder abuse, work, health and safety and manual handling. Safe work instructions have not been developed, except for training material on manual handling related to personal care.
* Some consumer’s monthly statements were not up to date or accurate in information contained.
* The service does not have a system to ensure policies and procedures are up to date and accessible to all staff

*Feedback and complaints*

* Refer to Standard 6.

The approved provider in their response said staff training in the Quality Standards is set to be delivered. The service does hold a record of staff licences, insurances and vehicle registrations.

I have taken into consideration the approved provider’s response to the Assessment Team in relation to this requirement and other relevant requirements but find that the approved provider has been unable to demonstrate the service has effective governance systems in place, in particular a system that actively identifies issues for improvement in the aspects under this requirement, or an action plan to address the matters raised. Likewise, the service was unable to demonstrate it has auditing systems to ensure governance systems are effective and operational.

I find that the approved provider is Non-compliant with this requirement.

### Requirement 8(3)(d) Non-compliant

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can.*

The Assessment Team reported the service could not demonstrate adequate understanding and application of this requirement or have processes for monitoring or review to ensure that risks to consumers are managed effectively.

For example, they found the service does not have an COVID-19 management plan with regards to confirming that services have arrangements in place to manage risks to consumers and staffing supply, managing continued delivery of services and supports to consumers, and identifying and mitigating pandemic related risks and ensuring appropriate infection control practices are used by home care staff.

Management advised they are working towards a plan. In its response the approved provider said a plan is in place and addresses these deficits but did not provide the Commission with such a plan.

The Assessment Team also raised other matters under this requirement including that the service’s plan for consumer non-response to a scheduled visit was not completed for most consumers. The service does not have a system for prioritising consumer’s needs according to those at high risk. They found the procedure for managing risk does not identify how risks will be mitigated. The service’s continuous improvement plan states that an incident notification procedure needs to be introduced and staff require training in incident management.

The Assessment Team further found safe work instructions have not been developed, with the exception of training material on manual handling related to personal care. The service has not developed emergency or contingency plans.

The approved provider did not specifically provide a response to this requirement but I acknowledge its response to other requirements which have relevance to this requirement.

I find that the approved provider is Non-compliant with this requirement.

### Requirement 8(3)(e) Non-compliant

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*

The Assessment Team reported the service was unable to demonstrate they have an understanding of or is monitoring the clinical governance process. Whilst the service has a Clinical and Corporate Governance Committee and a draft Clinical governance framework, information provided to the Committee (which has been mandated to manage clinical governance) is not sufficient to provide clinical governance at organisation level.

The service provided the Assessment Team with the following:

* A documented clinical governance framework – in draft format. A Clinical Governance report of 23 July 2020, identified plans for the updating of the clinical governance framework. However, this has not yet progressed, as no further meetings have been held due to lack of senior staff.
* A policy relating to antimicrobial stewardship, dated 9 July 2019 had not yet been updated. Staff interviewed said they did not have training in antimicrobial stewardship.
* A policy relating to minimising the use of restraint. A restraint management procedure was dated 2018. This can only be accessed by staff through the common drive. New procedures have been written for chemical restraint and physical restraint however these were not dated. Management could not confirm when these had been ratified.
* An open disclosure policy was sighted dated 31 July 2019.

Staff were asked whether these policies had been discussed with them and what they meant for them in a practical way. Staff had not been educated about the antimicrobial stewardship policies, however the care coordinator was able to provide examples of their relevance to her work.

Management were not able to provide examples of an effective open disclosure process as used in relation to complaints.

The approved provider did not provide a response specific to this requirement but I acknowledge its response to other requirements which have relevance to this requirement.

I am of the opinion that the approved provider has not demonstrated they have appropriate frameworks in place to support clinical governance. This includes a structure to support staff in areas such as complex clinical care, antimicrobial stewardship and the minimisation of restraint. Likewise, I am satisfied the service has not been able to demonstrate it has an effective open disclosure framework or that staff or management have shown they understand the requirement for this and its use in managing feedback to the service.

I find that the approved provider is Non-compliant with this requirement.

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

**Standard 1**

### Requirement 1(3)(a)

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

* Ensure that each consumer is treated with dignity and respect, with their identity, culture and diversity valued by providing staff with the understanding and capacity to achieve this and by effectively communicating with consumers.

### Requirement 1(3)(b)

*Care and services are culturally safe.*

* Ensure that, for each consumer, care and services are culturally safe through consistently identifying these needs and implementing actions to address this, including through appropriate training and education for its staff.

### Requirement 1(3)(d)

*Each consumer is supported to take risks to enable them to live the best life they can.*

* Demonstrate that each consumer is informed and supported to take risks that enable them to live the best life they can by ensuring this process is ongoing and timely.

### Requirement 1(3)(e)

*Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.*

* Demonstrate that information in consumer documentation is current and accurate and recorded in a manner which is timely and supportive of the consumers care and services.

**Standard 2**

### Requirement 2(3)(a)

*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

* Implement a system for assessing and planning which includes consideration of risk and which assists staff with the delivery of safe and effective services, including but not limited to assessing and planning for falls risks.

### Requirement 2(3)(b)

*Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.*

* Demonstrate that assessment and planning identifies and addresses consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes, and clinical oversight of existing medical conditions.

### Requirement 2(3)(c)

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*
* Ensure that there is a consistently applied process of assessment, planning and review which involves the consumer or others they wish to be involved, and that other organisations, allied health services or individuals that are involved in the care of the consumer are included in this process.

### Requirement 2(3)(d)

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

* Ensure that the outcomes of assessment and planning are effectively communicated to the consumer in a format they can read and understand and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.

### Requirement 2(3)(e)

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

* Implement an effective system of care plan assessment and review, including but not limited to review when an individual consumer’s health condition or circumstances change, and monitor the effectiveness of this system.

**Standard 3**

### Requirement 3(3)(a)

*Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:*

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being.*
* Demonstrate that each consumer gets safe and effective personal and clinical care, best practice and tailored to their needs, optimising their health and well-being through an effective clinical governance framework, and that provision of this care is appropriately recorded in their care documentation.

### Requirement 3(3)(b)

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

* Effectively manage high impact or high prevalence risks associated with the care of each consumer, through the identification, documentation and implementation of strategies to address risks and accommodate consumer preferences.

### Requirement 3(3)(c)

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

* Ensure that the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved, through the identification and documentation of these matters and of clinical and other strategies/interventions to support consumers nearing the end of life.

### Requirement 3(3)(d)

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

* Demonstrate that deterioration or change of a consumer’s mental health, cognitive or physical function is recognised and proactively respond in a timely manner

### Requirement 3(3)(e)

*Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.*

* Ensure Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.

### Requirement 3(3)(f)

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

* Ensure that timely and appropriate referrals are made to individuals, other organisations and providers of other care and services, including but not limited to allied health services, and ensure these referrals are documented.

### Requirement 3(3)(g)

*Minimisation of infection related risks through implementing:*

1. *standard and transmission-based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*
* Demonstrate COVID-19 preparedness including through planning, education to staff and access to required equipment.

**Standard 4**

### Requirement 4(3)(a)

*Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.*

* Demonstrate that effective processes and practices are in place to support consumer’s daily living, including identifying individual consumer goals and preferences.

### Requirement 4(3)(b)

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

* Demonstrate that the practices of staff and the systems in place support individual consumer emotional, spiritual and psychological well-being.

### Requirement 4(3)(d)

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

* Ensure that consumer individual preferences are effectively communicated within and without the service where care is shared, to support in supporting consumer health and well-being.

### Requirement 4(3)(f)

*Where meals are provided, they are varied and of suitable quality and quantity.*

* Demonstrate that, where meals are provided to consumers that all steps have been taken to assist consumers in the preparation of meals, and discussion is documented regarding access to provision of meals under HCP requirements.

### Requirement 4(3)(g)

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

* Demonstrate assessment and recording of equipment used by consumers that is relevant to their care and services and monitor that equipment for appropriate use and maintenance.

**Standard 6**

### Requirement 6(3)(b)

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

* Demonstrate that consumers are actively supported to engage with advocates or language services as and where appropriate.

### Requirement 6(3)(c)

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

* Demonstrate that an effective open disclosure policy and system exists, and that appropriate action is taken in response to complaints
* Provide education and information on this to staff, consumers and their representatives.

### Requirement 6(3)(d)

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

* Ensure that feedback and complaints are actively reviewed, trended and analysed with information used to improve the quality and care of services.

**Standard 7**

### Requirement 7(3)(a) Non-compliant

*The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*

* Ensure that the number and composition of the work force is sufficiently planned to ensure the effective delivery of care and services.

### Requirement 7(3)(b)

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

* Ensure that staff are trained in supporting consumer’s cultural diversity.

### Requirement 7(3)(c) Non-compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

* Provide training and support and implement systems to ensure that the workforce has the competency, qualifications, knowledge and skills to effectively perform their roles.

### Requirement 7(3)(d)

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

* Demonstrates that the workforce is trained and supported to deliver on the outcomes required by the Standards.

### Requirement 7(3)(e)

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

* Ensure that each member of the workforce is provided with regular performance appraisals, monitoring and review.

**Standard 8**

### Requirement 8(3)(a)

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

* Ensure that systems and practices are in place to support, on an ongoing basis, consumer engagement in care planning and evaluation.

### Requirement 8(3)(b)

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

* Demonstrate that the organisation’s governing body promotes a culture of safe and inclusive and quality care and is accountable for the delivery of the services provided.

### Requirement 8(3)(c)

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*
* Implement effective governance systems around information management, continuous improvement, financial governance, workforce governance, regulatory compliance and in feedback systems, in particular a system that:
* Actively identifies issues for improvement in the aspects under this requirement; and
* Audits those systems to ensure governance systems are effective and operational.

### Requirement 8(3)(d)

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can.*
* Implement effective risk management systems and practices and monitor their effectiveness.

### Requirement 8(3)(e)

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*
* Implement a functioning clinical governance that is regularly monitored and reviewed to ensure appropriate care practices are occurring within the service.